## WIDEST EXTERNAL DISTRIBUTION (Rev'd. TRICARE/Olsen/010203) 24 / 7 SOS/TRICARE Pacific ELECTIVE CONSULT PROCESS (Navy/Marine ONLY)

SOS Singapore: 011-65-6338-9277 (Collect Calls Accepted) SOS Sydney: 011-61-29372-2460 (Collect Calls Accepted) SOS Universal Email: sin.medical@internationalsos.com

#### Assumptions

- 1. Routine consults/exams (i.e. Pap smears, eye refractions, mammograms, routine CXRs, etc.) should be completed prior to or after deployment.
- 2. Elective consults will occur in locations where robust, western style care exists in the Asia Pacific region. Consults should occur in first tier locations if possible.
  - A. <u>First Tier:</u> Manila, Philippines; Hong Kong; Singapore; Adelaide, Brisbane, Perth, Sydney, Canberra and Melbourne, Australia; Bangkok and Pattaya, Thailand; Auckland, Christchurch, Dunedin and Wellington, New Zealand
  - B. Second Tier: Kuala Lumpur, Malaysia; Hobart and Darwin, Australia

#### Givens for Elective Consults

- 1. PACFLT and MARFORPAC Surgeons will review detailed utilization data monthly/quarterly to determine usage patterns, and will address any issues of apparent over-utilization of elective services.
- 2. All interactions with International SOS must be regarded as unclassified. OPSEC issues must be resolved prior to initiating email and/or phone transmissions with SOS.
- 3. Units should not send patients to hospitals without first coordinating the consult with SOS via phone or email. If not coordinated through SOS, a major benefit of their service, namely Case Management and cashless, claimless payments, is negated. \*\* In the event that healthcare services are delivered without SOS coordination or involvement, the unit may be fully responsible for payment to providers and/or institutions.
- 4. Pharmaceuticals or supplies needed for an individual patient are covered under the SOS arrangement. Ship/unit re-supply with either pharmaceuticals or other medical supplies remains expressly prohibited.

#### **Elective Consult Process**

- 1. Determination is made that consultation required exceeds capability of ship or unit medical resources.
- 2. Email consult sent to SOS 7 to 10 days prior to desired consultation visit. Consult must include:
  - A. Patient name
  - B. Patient Social Security Number
  - C. Patient's Unit Name and Defense Medical Information Systems (DMIS) ID
  - D. Brief Clinical History (i.e. age, sex, chief complaint, duration of complaint, work-up/findings to date and presumptive diagnosis)
  - E. Detailed and Specific Request for Evaluation and/or Study
  - F. Name of Unit's Medical Provider requesting the Consult
  - G. Unclassified email address for Unit's Medical Provider
- 3. Consult findings will be forwarded electronically to TRICARE Pacific and Unit's Medical via email
- 4. In the event a consult extends beyond time in port, or causes the patient to miss a unit movement the unit must leave orders and funding for per diem, lodging, etc. with the Active Duty Member. TRICARE does not pay per diem, lodging or travel expenses.
- 5. If unit does not leave email address to assist in coordination of patient back to unit, patient will be returned to home duty station when discharged from consultation work-up.

# WIDEST EXTERNAL DISTRIBUTION (Rev'd. TRICARE/Olsen/010203) 24/7 SOS/TRICARE Pacific EMERGENT CARE & AIREVAC PROCESSES

Ref: 25 APR 2000 MEMO JTF-FA Commander, Ser. 032-00

SOS Singapore: 95-011-65-6338-9277 (Collect Calls Accepted) SOS Sydney: 95-011-61-29372-2460 (Collect Calls Accepted)

PACOM Duty Officer: 808-477-7227 (Connection to SOS also possible through this Duty Desk)

Theater Patient Movement Requirement Center (TPMRC) Flight Surgeon on Call

DSN: 225-7660/7595/7617/4700

Commercial: 95-011-81-3117-55-7660/7595/7617/4700

#### Recall Process

- 1. Field Injury Occurs, Local Assessment Completed, Call Placed to SOS Coordinating Doctor on Call
- 2. SOS Coordinating Doctor evaluates urgency of situation (Handles locally or contacts TPLA Duty M.D.)
- 3. SOS Contacts TPLA Duty M.D.
- 4. If patient requires Air Evacuation, TPLA may use SOS Air Ambulance or offer movement to TPMRC (Military AIREVAC)
- 5. If TPMRC Alternative chosen, TPLA Duty M.D. calls TPMRC Duty Physician for Military Lift
- 6. TPMRC verifies SOS medical/transport assessment, commits/denies aircraft (60 minute maximum from time of initial phone call between TPLA and TPMRC Physician on Call)
- 7. Air Evacuation Required but TPMRC can not support, TPLA authorizes SOS to mobilize civilian air ambulance.
- 8. Air Evacuation Required and TPMRC can support, TPMRC coordinates direct with SOS (AF 3899 Movement Form completed by SOS)
- 9. Once Civilian Air Evacuation scheduled, TPLA notifies TPMRC of medical evacuation within 60 minutes.
- 10. TPLA completes In Transit Visibility (ITV) form on patient movement and forwards to TPMRC when patient movement is complete

### Patient Category - Who Coordinates Care/Air Evacuation

- 1. Active Duty/ADFM enrolled in WESTPAC Remote: contact SOS
- 2. Active Duty (USAF, USA, USN, USMC, USPHS/CDC, USCG, Guard Units, MSC, NOAA): contact SOS
- 3. Active Duty Family Members traveling/vacationing (not enrolled with WESTPAC Remote/SOS): NO SOS, Coordinate through Embassy (see note below if PRIME)
- 4. TRICARE Retirees: NO SOS, Coordinate through Embassy (see note below if PRIME)

\*Note - TRICARE Prime patients enrolled with a Managed Care Support Contractor (MCSC) (Includes CONUS, Alaska and Hawaii) should contact their regional Health Care Finder for authorization except for life-threatening emergency; suggest putting SOS in contact with MCSC from that region. (TPLA may assist with initial liaison function/introduction between MCSC and SOS if necessary). Numbers for all TRICARE Service Centers are included on our WESTPAC travel card and at http://www.tricare.osd.mil/main/tollfree.htm. TRICARE Overseas Program (TOP) Prime not enrolled to WESTPAC Remote/SOS do not require preauthorization for urgent or emergent care, but should contact their PCM if possible.

